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APPLICATION NUMBER

FILING OR 371 (c) DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

10/602,048

06/24/2003

Michael J. Kopshever SR.

45,024

CONFIRMATION NO. 8142

FORMALITIES LETTER

OC00000010721730

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Date Mailed: 08/19/2003

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- Replacement drawings in compliance with 37 CFR 1.84 and 37 CFR 1.121 are required. The drawings submitted are not acceptable because:
 - The drawings have a line quality that is too light to be reproduced (weight of all lines and letters must be heavy enough to permit adequate reproduction) or text that is illegible (reference characters, sheet numbers, and view numbers must be plain and legible) see 37 CFR 1.84(I) and (p)(1)); See Figure(s) 2, 3, 4, 5.

Items Required To Avoid Processing Delays:

The item(s) indicated below are also required and should be submitted with any reply to this notice to avoid further processing delays.

Additional claim fees of \$18 as a small entity, including any required multiple dependent claim fee, are
required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are
due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$18 for a Small Entity

• Total additional claim fee(s) for this application is \$18

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■ \$18 for 2 total claims over 20.

01 FC:2202

18.00 OP

A copy of this notice <u>MUST</u> be returned with the reply.

Customer Service Center

Initial Patent Examination Division (703) 308-1202
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